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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	
In re:	Chapter <u>11</u>
Motors Liquidation Co	
en e	Case No. <u>09-50026</u> ()
Debtor(s).	
creditor Opposition with respect to Ildentify the property.	
I am a Debtor in this case. I hereby request loss mitigation with respect to [Identify the property, loan and creditor(s) for which you are requesting loss mitigation]:  2000 Sntur 45 A  16821528272120478	
SIGNATURE	
I understand that if the Court orders loss mitigation in this case, I will be expected to comply with the Loss Mitigation Procedures, and I will participate in loss mitigation in good faith. I understand that loss mitigation is voluntary for all parties, and that I am not required to enter into any agreement or settlement with any other party as part of this loss mitigation. I also understand that no other party is required to enter into any agreement or settlement with me. I understand that I am not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the loss mitigation period.  Date: October 14, 2010	
Sign: Date. October 14, 2010	

Print Name:

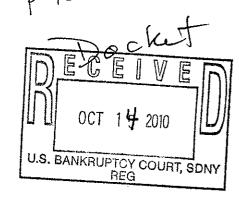
Shailaja Ford

Telephone Number:

248-819-7708

E-mail address (if any):

shailaja.ford@att.net



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B 10 (Official Form 10) (04/10) PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT Southern District of New York Case Number: 09-50026 Mortors Liquidation Company, et al., f/k/a General Motors Corp., et al. NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check this box to indicate that this Name of Creditor (the person or other entity to whom the debtor owes money or property): claim amends a previously filed claim. Name and address where notices should be sent: Shaialia Ford Court Claim Number:\_ 809 Delaware Street (If known) Detroit Michigan 48202 Telephone number: 08/31/2010 Filed on:\_\_\_\_ (248) 819-7708 Check this box if you are aware that Name and address where payment should be sent (if different from above): anyone else has filed a proof of claim Shailaia Ford relating to your claim. Attach copy of 809 Delaware Street statement giving particulars. Detroit Michigan 48202 ☐ Check this box if you are the debtor Telephone number: or trustee in this case. 5. Amount of Claim Entitled to 3,000.00 1. Amount of Claim as of Date Case Filed: Priority under 11 U.S.C. §507(a). If If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete any portion of your claim falls in one of the following categories, itcm 4. check the box and state the amount. If all or part of your claim is entitled to priority, complete item 5. Specify the priority of the claim. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. □ Domestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B). 2. Basis for Claim: 1 am the owener of the car (See instruction #2 on reverse side.) Wages, salaries, or commissions (up) 3. Last four digits of any number by which creditor identifies debtor: 8019 to \$11,725\*) earned within 180 days before filing of the bankruptcy 3a. Debtor may have scheduled account as: \_ petition or cessation of the debtor's (See instruction #3a on reverse side.) business, whichever is earlier - 11 4. Secured Claim (See instruction #4 on reverse side.) U.S.C. §507 (a)(4). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). Nature of property or right of setoff: 

Real Estate Motor Vehicle □ Other Describe: ☐ Up to \$2,600\* of deposits toward purchase, lease, or rental of property 3,000.00 Annual Interest Rate Value of Property:S\_\_\_\_ or services for personal, family, or household use - 11 U.S.C. §507 Amount of arrearage and other charges as of time case filed included in secured claim, (a)(7). Basis for perfection: \_ ☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507 \_\_\_ Amount Unsecured: \$\_\_ Amount of Secured Claim: S\_ (a)(8). 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(\_\_). 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Amount entitled to priority: You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER \*Amounts are subject to adjustment on SCANNING. 4/1/13 and every 3 years thereafter with respect to cases commenced on or after If the documents are not available, please explain: the date of adjustment. FOR COURT USE ONLY Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or Date: other person authorized to file this claim and state address and telephone number if different from the notice 10/13/2010 address above. Attach copy of power of attorney, if any.

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

## Items to be completed in Proof of Claim form

## Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

## Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

## 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

## 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

## 3. Last Four Digits of Any Number by Which Creditor Identifies

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

## 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

### 7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

## Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

# DEFINITIONS

## Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

## Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

## Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

## Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

## Claim Entitled to Priority Under 11 U.S.C. §507(a) Priority claims are certain categories of unsecured claims

that are paid from the available money or property in a bankruptcy case before other unsecured claims.

## Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's taxidentification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

## Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

## Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.



W479347

VEHICLE IDENTIFICATION NO

YEAR MAKE BODY STYLE CLASS ODOMETER BRAND

N/A

-3700

OON/A

04/01/05 \$50.50

05/13/05

OWNER'S SOUNDEX / DRIVER LICENSE NO.

CO-OWNER'S SOUNDEX! DRIVER LICENSE NO.

A. Actual Mileage

B. Exceeds Mechanical Limits

C. Not Actual Mileage

F-630-765-001-344 NAME(3) AND ADDRESS OF REGISTERED OWNER(S)

SHAILAJA FORD 7102 PURPLE AVENS AVE UPPER MARLBORO MD 20772

> CONTROL NO. (This is not a Title No.)

. THE UNDERSIGNED, HEREBY CERTIFY THAT AN APPLICATION FOR CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON, PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS STATE, AND THE APPLICANT NAMED ON THE FACE HEREOF HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE.

THE ADMINISTRATION WILL NOT BE RESPONSIBLE FOR FALSE OF FRAUDULENT ODOMETER STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE OF FOR ERRORS MADE IN RECORDING BY THE ADMINISTRATION.

NAME(S) AND ADDRESS OF SECURED PARTIES IN RECORDED ORDER

CREDIT ACCEPTANCE CORP 25505 W 12 MILE RD STE 3000 SOUTHFIELD MI 48034

LIEN RELEASE

MVA USE ONLY

OFFICIALLY ISSUED ON THE DATE SET FORTH ABOVE

VR 2 (01/04) CONTROL NO.